Secrecy Order in Parent Appl.::

No

Applicant Information

Applicant Authority Type::

Inventor

Primary Citizenship Country::

US

Status::

Full Capacity

Given Name::

Stephen

Middle Name::

R.

Family Name::

Gorfine

Name Suffix::

City of Residence::

New York

State or Province of Residence::

NY

Country of Residence::

US

Street of Mailing Address:

25 East 69th Street

City of Mailing Address::

New York

State or Province of mailing address::

NY

. Country of mailing address::

US

Postal or Zip Code of mailing address::

10021

Correspondence Information

Correspondence Customer Number::

20350

Representative Information

Representative Customer Number::

20350



Domestic Priority Information

Application:: Parent Application:: Parent Filing Date:: **Continuity Type::**

12/11/02 <u>12/11/01</u> This Application Continuation of 10/021,168 10/021,168 Continuation of 08/970,447 11/14/97 08/970,447 08/666,264 06/20/96 Continuation of 08/666,264 08/371,088 Continuation of 01/10/95 08/371,088 08/250,555 05/27/94 Continuation-in-part of

> Initial 9/22/03 Page 2

Supplemental Application Data Sheet Correcting Prority Claim

Application Information Application number:: 10/669,099 Filing Date:: 09/22/03 Application Type:: Regular **Subject Matter::** Utility Suggested classification:: Suggested Group Art Unit:: CD-ROM or CD-R??:: Number of CD disks:: Number of copies of CDs:: Sequence Submission:: Computer Readable Form (CRF)?:: Number of copies of CRF:: NITRIC OXIDE DONOR COMPOSITION AND Title:: METHOD FOR TREATMENT OF ANAL **DISORDERS** Attorney Docket Number:: 010692-004532US Request for Early Publication:: No Request for Non-Publication:: No **Suggested Drawing Figure: Total Drawing Sheets::** 0 Small Entity?:: No Latin name:: Variety denomination name:: Petition included?:: No Petition Type:: Licensed US Govt. Agency:: **Contract or Grant Numbers One::**

Page 1 Supplemental: 01/08/04

Secrecy Order in Parent Appl.:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Stephen

Middle Name:: R.

Family Name:: Gorfine

Name Suffix::

City of Residence:: New York

State or Province of Residence:: NY

Country of Residence:: US

Street of Mailing Address: 25 East 69th Street

City of Mailing Address:: New York

State or Province of mailing address:: NY

. Country of mailing address:: US

Postal or Zip Code of mailing address:: 10021

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Domestic Priority Information

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

This Application: Continuation of 10/021 168 12/11/01

Continuation of 10/021,168 12/11/01 This Application 10/021,168 Continuation of 08/970,447 11/14/97 08/970,447 08/666,264 Continuation of 06/20/96 01/10/95 08/666,264 Continuation of 08/371,088 08/371,088 05/27/94 Continuation-in-part of 08/250,555

Page 2 Supplemental: 01/08/04

Assignee Information

Assignee Name:: Cellegy Pharmaceuticals, Inc.

Street of mailing address:: 349 Oyster Point Blvd., Suite 200

City of mailing address:: South San Francisco,

Page 3

State or Province of mailing address:: ÇA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 94080

Supplemental: 01/08/04

This sheet is not to be filed with the USPTO, but retained in the prosecution file as a record of the DOCSOpen number. Fields having no information may be deleted from the ADS. For example, if there is no foreign priority claim, the foreign priority text may be deleted from the ADS.

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Supplemental: 01/08/04